EXAMPLE: COVER LETTER FOR INDIVIDUAL STANDARD MASTER CONTRACT

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Contract Number:

ABCPHY-06

Product Name:

ABC Health (Catastrophic)

Proposed Effective Date:

August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Individual Contract
- Application

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEALTH N	/AIN	ITEN	ANCE C	PRGANIZ	ZAT	ION TRAN	SMITT	AL
	ompany ID	2. Company Name			14. A. A.		· OIC	Use Only		
	SHCOMPANY1234	WASHINGTON CARRIER] File ID			nalyst	
	ite Submitted E 1, 2006	4. Proposed Effective Date AUGUST 1, 2006		Appro	oved			Date	Init	ials
5. Cc	ontact	6. Title		Revie	wed					
	SELA BARNES	MANAGER, CONTRACTS		Witho	raminang it da				- I - I - I - I - I - I - I - I - I - I	
7. Ph) 000-0000	8. Fax # (000) 000-0000			proved owledged					
9. E-	Mail	10. Purpose of Filing			Tracking:	#	5,000			
	RNES@WACARRIER.COM	TO FILE INDIVIDUAL FILING								
		s filing. If additional space is through C every time you ch				ontract n	umi	bers, attach	a sepa	rate
		A			В				С	
initialization of	Line of Insurance	Contract # Effective Date	Pric	or Con		ffective Da	ate	Prod	uct Nan	ne
CT/	ANDARD MASTER CONTRACT	TO THE PARTY OF TH	1							
11.	☐ Large Group Contract (51+)	A CONTRACTOR AND	Ī							
	☐ Small Group Contract (2-50)		 							
	☐ Group Application		-					<u> </u>		
	☐ Member Application	•	-							
	☐ Certificate of Coverage		\vdash							
	☐ Endorsement/Rider		\vdash							
12.	⊠ Individual	ABC123-06, 8/1/06	ABC	123-05	. 8/1/05			ABC HEALTH	(CATAS	TROPHIC)
		ABCAPP-06, 8/1/06	ABC	APP-0	5, 8/1/05			APPLICATION	•	
	☐ Endorsement/Rider								-	
13.	☐ Conversion		ļ							
10.	☐ Endorsement/Rider		 							
14.	☐ Network Reports		<u> </u>							
14.	Access Plan		├			-				
	Form B – Network Enrollment		<u> </u>							
			<u> </u>							
4=	☐GeoGraphic Network Report		<u> </u>							
15.	☐ Other									
16.	☐ Small Group Limited Schedule of Benefits	i i			•					
	Group Application		-							
	☐ Member Application					······································				
	☐ Certificate of Coverage		-							
	☐ Endorsement/Rider						-			
	☐ Benefit Brochure		 	 -						
- DD1		Agreement #/Effective Date	Pri	or Agre	ement #/F	ffective Da	to			
	OR APPROVAL	Agreement///Encourse Butc		Ji Agic	Cilient m L	ilicoti ve Da	.0			
17. 18. F	☐ Provider Agreement RATE							Negotiated C	ontract #	#/Effective
		Contract #/Effective Date	Pric	or Cont	ract #/Effe	ctive Date		Date		A CARREST
	☐ Proprietary ☐ For-Public									
	NEGOTIATED CONTRACT Fully Negotiated Short-Form		socia			ernment erwork		Trust Paperwork		nion perwork
	otiated Contract Number:		beim	JI K		ective Dat		raperwork] Ш Ра	perwork
	up Name:					oup Numb				
L	idard Master Contract Number (short form filings only):				ective Dat				
				A 15 -				4:		
	ns Included in this Filing: Contra	(Please list form numbers in	n Sect	ion 22	attached)	Enrollee A				
20. N	IEGOTIATED ENDORSEMENT/RIDE	R (FOR FULLY NEGOTIATED CONTR	RACTS	SONLY	. PLEAŚ	COMPLE	ΓE F	IELD 19 ABOVI	Ξ.)	
Nego	tiated Endorsement/Rider Form #:	Chan	ges A	pply to:	☐ Conti	act 🗌 Ce	rtific	cate of Covera	ge	
	Please note th	nat rate filings and form filings m	iust k	e sub	mitted to	gether for	neı	v plans		

EXAMPLE: COVER LETTER FOR INDIVIDUAL PUBLIC RATE FILING

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name

also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Individual Rate Filing - Public Rate Schedule

Effective Date: August 1, 2006 Form Number: ABC123-06

(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Individual Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely, Washington Carrier

	HEALTH CARE SERVICE	CONTR	RACTOR/I	HEALTH	I MAIN	ITENA	ANCE O	RGANIZ	ATIO	N TRAI	NSM	ITTAL	
1. Co	mpany ID	2. Compa	iny Name					For	OIC Use	Only		AND KIND	
	SHCOMPANY1234	WASHIN	IGTON CAR				16-11	File ID	W. Salati	17	Analys	tgrift and	
3. Da	te Submitted	4. Propos	ed Effective	Date						Date	200	Initials	7. F
	E 1, 2006	AUGUST	Г 1, 2006			Appro	***************************************		4147, 91				
	ntact	6. Title				Reviev							<u> 1940</u>
	ELA BARNES		ER, CONTR	ACTS		Withdi							
7. Ph	one) 000-0000	8. Fax # (000) 000	0.000				proved wledged				4,054.58		
9. E-I		10. Purpo	se of Filing				Fracking #				A STANDARD		
	RNES@WACARRIER.COM	TO FILE	INDIVIDUA	L RATE F	ILING -				.252225		10212022		2006ER
	ck all forms that apply to thi	s filina.	If addition	al space	is rea	uired t	to list co	ntract nu	ımber	s. attaci	h a se	parate	
	et. Please fill out columns A											•	
			Α	-			В				C		
			A							_			
	Line of Insurance	Contr	act # Effect	tive Date	Pri	or Cont	tract # Eff	ective Da	te	Pro	duct l	Name	
STA	NDARD MASTER CONTRACT												
11.	☐ Large Group Contract (51+)												
ŀ	☐ Small Group Contract (2-50)	+											
	☐ Group Application	 											
	☐ Member Application												
	☐ Certificate of Coverage				Ì								
Ī	☐ Endorsement/Rider												
12.	☐ Individual	-		-									
	☐ Application	 											
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				f							
	☐ Endorsement/Rider												
13.	☐ Conversion				ŀ								
İ	☐ Endorsement/Rider												
14.	☐ Network Reports	-							_	 			
	☐Access Plan	ļ											
		<u> </u>							-				
	☐ Form B — Network Enrollment								ŀ				
Ī	☐GeoGraphic Network Report												
15.	☐ Other												
16.	☐ Small Group	+		·							, -		
.0.	Limited Schedule of Benefits												
ŀ	☐ Group Application	+											
}		+											
	☐ Member Application		*****										
	☐ Certificate of Coverage	<u> </u>				····							
	☐ Endorsement/Rider												
	☐ Benefit Brochure												
PRI	OR APPROVAL	Agreer	ment #/Effect	tive Date	Pri	or Agree	ement #/Ef	fective Dat	e				
17. 18. F	☐ Provider Agreement								Ne	gotiated	Contra	ct #/Effec	tive
.0			ct #/Effectiv				ract #/Effec		Da				
	☐ Proprietary		JAL RATE FI	LING			RATE FIL	ING	N//	4	-		
once are a laic sector	☑ For-Public	AUGUST				GUST 1,							
	NEGOTIATED CONTRACT ☐ Fully Negotiated ☐ Short-Form	o Filing	Employe		Associa			rnment	Tru		ᅵ片	Union	
(Michiga)		.,g	☐ Paperwo	гк 🗀	Paperw	огк	☐ Paper			erwork		Paperwo)rk
	otiated Contract Number:							ective Dat					
	up Name:							up Numb					
Stan	dard Master Contract Number	short for	m filings or	ıly):			Effe	ective Dat	e:				
Form	s Included in this Filing: 🗌 Contr		ertificate of C					Enrollee A	pplicati	on			
20 N	EGOTIATED ENDORSEMENT/RIDE		Please list for					COMPLET	EEIEI) 19 ARA	VF.V		
vástlamári			LL I IILUUI			200							
Nego	tiated Endorsement/Rider Form #:						☐ Contra				age		
	Please note t	hat rate fil	lings and fo	orm filings	s must	be subi	mitted tog	gether for	new pl	ans			

21. Additional Group Numbers:

22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
INDIVIDUAL CONTRACT	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH (Catastrophic) ABC HEALTH PLUS I (Comp) ABC HEALTH PLUS II (Comp)
NDIVIDUAL CONTRACT	ABC234-06_8/1/06	ABC234-05_8/1/05	ABC HEALTH PLUS I (Comp)
NDIVIDUAL CONTRACT	ABC234-06, 8/1/06 ABC345-06, 8/1/06	ABC234-05, 8/1/05 ABC345-06, 8/1/05	ABC HEALTH PLUS II (Comp)
INDIVIDUAL CONTRACT	ABC343-00, 0/1/00	ABC043-00, 0/ 1/03	ABOTILALITY LOS II (Comp)
		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
		\$	
			•
. ;			
	****	+	
		<u> </u>	
A STATE OF THE PARTY OF THE PAR			
		<u> </u>	
		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			

This Schedule is Part of Contract #: INDIVIDUAL RATE FILING

Effective Date: AUGUST 1, 2006

EXAMPLE: COVER LETTER FOR INDIVIDUAL PROPRIETARY RATE FILING

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name

also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Individual Rate Filing - Proprietary

Effective Date: August 1, 2006 Form Number: ABC123-06

(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Individual Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology
- An Actuarially Determined Estimate of Incurred Claims Including Experience Data, Assumption, and Justifications
- Actuarial Certification
- Rate Exhibit

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely, Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/I	HEALTH N	IAINTEN	ANCE ORGANIZ	ZATION TRAI	NSMITTAL
1. Co	mpany ID	2. Company Name		1 440 ga	For	r OIC Use Only	
WAS	SHCOMPANY1234	WASHINGTON CAR	RIER		[] File ID	1	nalyst
3. Da	te Submitted	4. Proposed Effective	Date			Date	Initials
JUN	E 1, 2006	AUGUST 1, 2006		Appro	ved		
	ntact	6. Title					inad praesitistica (c
ANG	ELA BARNES	MANAGER, CONTR	ACTS				
7. Ph		MASHINIZOA					
	000-0000	(000) 000-0000					
9. E-l							
						umbers, attacl	n a separate
		A				12.7	
	Line of Insurance	Contract # Effect	ive Date	Prior Con	tract # Effective Da	ate Pro	duct Name
STA	NDARD MASTER CONTRACT	774					
11.	☐ Large Group Contract (51+)				**************************************		
	☐ Small Group Contract (2-50)						
	☐ Group Application						
	☐ Member Application						
-	· · · · · · · · · · · · · · · · · · ·			-			
	- -						
	☐ Endorsement/Rider					ļ	
12.	☐ Individual						
ŀ	☐ Application						
-		<u> </u>					
13.	☐ Conversion						
Ī	☐ Endorsement/Rider						
14.							
	∐Access Plan						
	☐ Form B – Network Enrollment						
ŀ	☐GeoGraphic Network Report						
15.	☐ Other				, .	1	
16.	☐ Small Group						
	Limited Schedule of Benefits						
	☐ Group Application						
	☐ Member Application						
F							
-							***
	_	,					
	☐ Benefit Brochure						
PRI	OR APPROVAL	Agreement #/Effect	ive Date	Prior Agre	ement #/Effective Da	te	
T							
_17. -18. F						Nonetioted	Contract #/E Hastive
18. 1	(AIE	Contract #/Effective	Date	Prior Cont	ract:#/Effective Date		Sontract #Effective
C) 2007 (n 1190 m	□ Proprietary		ING				
	☐ For-Public	AUGUST 1, 2006		AUGUST 1,	2005		
	NEGOTIATED CONTRACT	☐ Employer	☐ As	sociation	Government	☐ Trust	Union
	☐ Fully Negotiated ☐ Short-Form	Filing 📗 Paperwor	k 📗 Pa	perwork	☐ Paperwork	☐ Paperwork	☐ Paperwork
Nego	otiated Contract Number:				Effective Date	te:	
Grou	ıp Name:				Group Numb	or.	
					<u>-</u>		
	•	snort form filings on	ıy):		Effective Dat	te:	
Form	s Included in this Filing: 🔲 Contra					Application	
******		(Please list for	m numbers ir	Section 22 a	attached)		
20. N	EGOTIATED ENDORSEMENT/RIDE	R (FOR FULLY NEGOTI	ATED CONTR	RACTS ONLY	. PLEASE COMPLE	TE FIELD 19 ABO\	/E.)
Nego	tiated Endorsement/Rider Form #:		Chan	ges Apply to:	☐ Contract ☐ Ce	rtificate of Cover	age
		nat rate filings and fo					

21. Additional Group Numbers:

22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #Effective Date	Product Name
INDIVIDUAL CONTRACT	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH (Catastrophic)
INDIVIDUAL CONTRACT	ABC234-06, 8/1/06	ABC234-05, 8/1/05	ABC HEALTH PLUS I (Comp)
INDIVIDUAL CONTRACT	ABC345-06, 8/1/06	ABC345-06, 8/1/05	ABC HEALTH PLUS II (Comp)
		·	
	•		
		·	
			¥ 2
			THE SHIP
	· ·	1-11-11-11	
*			
· · · · · · · · · · · · · · · · · · ·			
		1	

This Schedule is Part of Contract #: INDIVIDUAL RATE FILING - PROPRIETARY

Effective Date: AUGUST 1, 2006